

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO **10724952**

FILING DATE **12-1-03**

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3						
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23		1				
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36		1				
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39		1				
40		1				
41		1				
42	1					
43		1				
44		1				
45		1				
46		1				
47	1					
48		1				
49		1				
50		1				
TOTAL IND.	3					
TOTAL DEP.	27					
TOTAL	30					

	IND	DEP	IND	DEP	IND	DEP
51		1				
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